The Manitoba Medical Review

Vol. 24 Winnipeg, October, 1944 No. 10

A Canadian General Hospital Overseas*

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Having recently returned from four and a half years' service abroad with Number 5 Canadian General Hospital, it seemed that now might be a good time to tell you of some of the experiences of Manitoba's own hospital overseas.

On the outbreak of war Number 5 Reserve General Hospital was mobilized as at the first of September, 1939, under the temporary command of Colonel John A. Gunn. Number 5 Reserve General Hospital became Number 5 General Hospital of the Canadian Army, but on arrival in England the name was changed to Number 5 Canadian General Hospital to distinguish it from the British hospitals of similar title.

It may be worth while to sketch briefly the organization and functions of the hospital. In the army, originally, there were only two kinds of General Hospitals in the active army for overseas duty, namely, 600 and 1200 beds respectively. Later special hospitals such as neurological, convalescent, V.D. hospitals, etc., were added, and more lately a 200 bed General Hospital was organized. The roles of the original 6 and 1200 bed hospitals were intended to be very flexible, but in general the 1200 bed hospitals were intended for, and in fact were used, as base hospitals, and the 600 bed hospitals were used as Lines of Communication hospitals. The latter was our role in the Mediterranean. As our name implies, we were to do full General Hospital work and to operate 600 or more beds and very often the word more was taken too literally. Originally all but one of our officers were posted from Military District Number 10, also most of our nursing sisters and other ranks.

The organization was essentially an administration group, which included the Officer Commanding, Registrar, Quartermaster, Paymaster, Dispenser, Padre, and so on. The balance of the hospital was divided into a surgical division which was under the charge of Lieutenant-Colonel R. W. Richardson, and included an X-ray department, an eye department, and an ear, nose and throat department; and a medical division which was under my charge, until recently. This division included the pathological department. During our first five months in Canada we did not function as a hospital, but spent our time recruiting, on organization, and above all in impatiently waiting. I think it might be of interest to outline our establishment. I would ask you to visualize a hospital with a capacity similar to the Winnipeg General Hospital both qualitatively and quantitatively. We had eighteen medical officers, of whom two were administrative, that is the Officer Commanding and the Registrar. There were ten specialists and seven general duty officers, of whom one was a reinforcement, soon lost to us, and of course a dental officer. There was a total of fifty-five women, which included fifty lieutenant nursing sisters, a principal matron and matron, two physiotherapy aides, a dietitian. There were about 150 other ranks, of whom 70 were for ward duty as nursing orderlies or ward orderlies. Obviously one cannot compare a military hospital to a civil one such as the Winnipeg General Hospital, but I think it is permissible to note that the latter has approximately 60 physicians and surgeons on the honorary attending staff, up to 30 internes, 100 graduate nurses, 200 pupil nurses, in addition to some 60 male orderlies and 27 ward maids. In our early days many of us were afraid that our very small establishment was hopelessly inadequate, but as time went on we found that the impossible was possible. There were many factors responsible for this, chief of which was team work, and the fact that we were dealing with soldiers who when convalescent helped very materially. Later we were permitted an increment of fifteen ward maids and a mixed platoon of other ranks for fire and police duty. Our work was far from trivial or light, and the volume of discharges was in almost the same order as that of the Winnipeg General Hospital, namely, over 1,000 discharges monthly. Obviously our patients were limited largely to adult males, but within that group we dealt with almost every possible medical and surgical problem. Our patients averaged three weeks' stay in hospital. When it is realized that trivial illnesses rarely reached us, being retained in the field, you will see that we had a remarkably active institution.

We left Canada in January, 1940, with Number 15 Canadian General Hospital of 120 beds and our deadly but good-natured rival from Toronto, and we reached England early in the winter of 1940. We did not have our hospital ready until June, and spent those few months in barracks in England and with many of our medical personnel attached to British and Can-

*An address delivered at luncheon at the annual meeting of the Manitoba Division of the Canadian Medical Association, 13th of September, 1944.

adian units part time. In the Spring of 1940 the disasters in Europe were almost beyond our understanding. Perhaps it is only now that we can see the dimensions of the potential disaster of that period in proper perspective. However, we were somewhat distracted from such relatively minor matters as world disasters by our amazing good fortune in being posted to a beautiful new hospital built by the Canadian Red Cross at Taplow, on Lord Astor's magnificent estate, Cliveden. The hospital in every way would have done credit to any city in Canada. I wish time permitted an adequate description of that beautiful place. It was beautifully designed and equipped and all at a cost which set an all-time low, less than One Million Dollars. The Canadian Red Cross had something to be proud of there, and the London Committee of the Canadian Red Cross deserved great credit.

Most of us were from the University of Manitoba, and from the start we were determined to run our place as efficiently as if we were a University hospital. I think that I can say with all modesty that our histories and clinical records were as good as in any hospital in Canada. Thanks to our splendid equipment and enthusiastic staff, the diagnostic and therapeutic procedures were as complete as modern knowledge will permit. The laboratory and X-ray departments carried out all procedures needed except X-ray therapy, and special investigations were always complete. For example, autopsies were done on all patients, although fortunately our death rate was low. Bronchoscopy was carried out on all undiagnosed chronic chests and a surprising number of cases of bronchiogenic carcinoma were found, eighteen in all. Dyspepsia was a most serious medical problem in the overseas forces, and accounted for more than ten percent of our admissions. These were all fully and carefully investigated, clinically, by gastric analysis, stool study and by the X-ray. Where necessary the patient was gastroscoped and 400 of these examinations were done. We also carried out all the allergic investigations for the Canadian Army in England, and of course such things as electrocardiography and basal metabolic rate studies, etc., were commonplace. The laboratory had a staff of one pathologist and two technicians, a staff sergeant and a private, and produced an amazing amount of work. The X-ray with a radiologist, a sergeant, two corporals and two clerks produced a larger daily volume of work than was customary in the Winnipeg General Hospital. This sketchy, and perhaps boastful account of what we did in our three years in England may seem a little boring, but is prompted by the fact that it might have been thought we did very little during those three years, and I felt that the hard and useful work carried out by our hospital in England was deserving of mention.

It is tempting at this point to digress and to refer to the Battle of Britain, the air blitz and the problems and discomforts of rationing, the pubs—God bless 'em—the shows, the grand people of England, and in fact, all the many pleasant and unpleasant, interesting and boring experiences we had, the frequent bad mail service, the seeming remoteness of Canada and our former lives there, and so on, but time would not permit that.

As time went on many new General Hospitals arrived from Canada and soon we had a very large Canadian community of medical people in England. Each hospital concerned held clinical days once a month, to which medical officers from all the army went and I think enjoyed. In addition our own hospital held formal staff ward rounds and conferences once a week, and to these local medical officers and civilian doctors were invited. We also had many profitable associations with the British profession, both service and civilian. Many of our officers profited by frequent visits to the great London hospitals, particularly to the British Post-Graduate Medical School at Hammersmith, which did much for us. A few of us were honored by being invited to lecture and clinic there on numerous occasions, and also on occasion at other schools. Personally I found this rather stimulating, as it enabled me to keep my teaching habits in practice. In addition, membership in the Royal Society of Medicine was available to us, and the many fine meetings and the magnificent library there were a great attraction.

Our work was of course largely confined to male adults, and it included the usual surgical procedures required in such a group, in addition to the usual number of traumatic cases that occur in active service training. Medically we had examples of almost all ordinary clinical problems and were fortunate in avoiding anything in the nature of an epidemic. I referred earlier to the fact that dermatology was part of the Division of Medicine and this service was very heavy during the early days but became lighter because of the improvement in the management of scabies. The problem of scabies was greatly simplified by the observation and research of Melanby in England which showed that the use of Benzyl Benzoate made the treatment of scabies a simple out-patient procedure, and very soon this was adopted at all the field units, so that the only scabies cases which reached us finally were those with secondary infection. An account of some of our many medical problems will have to await another occasion.

After three such halcyon years in England we felt that we were likely to be in Taplow forever and were becoming a little bored with our rather gilded existence. Then suddenly and most unexpectedly we were mobilized for what our British friends called "foreign service". We moved out of our clinical palace and

went under canvas where, somewhere in the south of England, we proceeded to learn a little of the soldier's trade. Drills, route marches, map reading, classes in tactics, the sub-machine gun and so on made us feel like pukka soldiers, and incidentally improved us physically, very much. Then followed a series of mysterious moves up and down the country, a very secret embarkation and then three weeks of the most delightful weather sailing in a huge and interesting convoy, sun bathing on crowded decks. We had no idea of where we were bound and we all guessed wrong. We passed through the Straits of Gibraltar, which we could not see because of blackout; then the thrill of Algiers and a route march there. Then the news broke: Sicily. Impatient waiting at anchor at Malta; then on the 9th day of the invasion we were disembarked from landing craft on the beach at Augusta. As far as I can learn we were the first general hospital to be used on combined operations. This meant that it was largely experimental. However, it was a most successful experiment. The landing was peculiarly exciting because of the presence of our nursing sisters with us. The welcome of the nursing sisters on the beaches was beyond the wildest dreams of the most fan-conscious movie actress in Hollywood. The surprise and pleasure of the soldiers at seeing our young women, wearing their light blue uniforms and tin hat, carrying a pack and stepping off the landing craft, would have to be seen to be believed and understood. But the surprise of the Tommies was not only shared, but was supplemented by a form of horror by the authorities, who were not expecting women so close to actual battle, and so they were soon whistled off south in lorries to a safer locality. Our heavy equipment was carried in another ship, which unfortunately was lost, so we landed as a hospital without our tools; in fact, there was nothing but our bare hands. As there was no other military hospital on the island our services were rather urgently needed. In the ensuing short interval many of our personnel, both sisters and medical officers, were sent out to assist in field ambulance dressing stations and casualty clearing stations, where they were most welcome and where they not only worked very well and usefully, but also, I suspect, thoroughly enjoyed themselves. Very shortly a place was found for us near Syracuse, and the first Canadian division took upon themselves the special task of securing medical equipment from our friends, the enemy. Great quantities of it, in lorries, started rolling down to us and very shortly we were able to open a hospital under rather unusual conditions. Most of our wards had the sky for a roof. Much of our equipment was primitive and strange to us. Medications involved a great thumbing of German and Italian dictionaries, but somehow or other we got along, and before we knew what had happened our 600 bed hospital had become a 1,000 bed hospital, except that they were really not beds but everything from stretchers to a few rather infested cots. Due to the exigencies of the current situation, we operated in effect as a rather large casualty clearing station. It was impossible to hold patients for the usual length of time to be treated as they would normally be treated at a General Hospital. Our patients were admitted, and if they were not fit for some sort of duty within a few days it was necessary to evacuate them by hospital ship or plane to the base in Africa, and so we had a terrific stream of patients come through one entrance and out the other, a stream of ambulances and stretchers arrived which never stopped. There were 3,600 admissions in the two weeks preceding the fall of Catania, and one can imagine that we had very little spare time. With the temperature averaging over 90 and with a humidity that was near saturation at all times, working conditions were not ideal. Water was always in short supply and we had to maintain our water supply by the method of borrowing some neighboring unit's water cart and rationing it very severely. Drugs, of course, were in very short supply, and the only thing that was not was labour, which was obtained from prisoners of war. Under such primitive conditions, you will readily realize that labour was of great importance. There was no plumbing; it was impossible to dig deep trenches for latrine purposes; ambulances had to be loaded and unloaded and stretchers carried; therefore, there was a great deal of carrying; in fact, labour was of the most profound importance. If there had not been a large number of prisoners, Italian and German, available it would have been impossible to carry out our very heavy task. In addition to this general labour, we acquired the services of a substantial number of Red Cross personnel of the Italian army, and these men proved to be very valuable and stayed with us for a large part of our sojourn in Sicily and Italy.

At this point it might be worth while to mention the great value of women in the unit. It has often been felt by the authorities, and I imagine by civilians, that nurses, because they are women, should not be exposed to the hazards of active operations, and one can understand this feeling; but I never found that a woman in the service felt that way. She nearly always, or did always, feel that she should take an active part in any operations with the men. In the practical application, wherever women were found in an active theatre, their presence was worth a great deal and worth all the risk and sacrifices. I wish I could describe to you the visual evidence of pleasure on the faces of the casualties and sick, brought back to us, thoroughly uncomfortable from their long trip, very ill and in general taking a very dim view of their current misfortunes. The pleasure on

their faces when they saw an attractive young woman dressed in a cool-looking blue costume, looking cool although she was probably quite the reverse, who, just by a few kind words, made that man feel that his troubles were over, was a constant and recurrent reminder of their inestimable value. I am sure that our nurses were among the greatest therapeutic aids that we possessed at that time, and many other experiences confirm that impression. I would strongly urge, knowing the situations in which the sisters may find themselves, knowing the risks and dangers they run, that they still should be used in some similar role. Further, when one is working under primitive conditions, the natural housekeeping instincts of a woman are invaluable. Using tin cans, bits of wood, boxes, cooking over an open trench; soldiers are accustomed to that, but it is constantly amazing, and in fact, a revelation to see what a woman can do with apparently no better supplies to make that place look homey, and certainly more comfortable and more efficient. At Syracuse the greater weight of the work fell on the medical division. Battle casualties fortunately were not as heavy as anticipated, but medical casualties were particularly heavy, due to malaria and dysentery, and these men, although ordinarily in great danger, were yet in very serious condition and required very active and immediate treatment. These two diseases largely accounted for the huge volume of work we had to deal with in Syracuse, and later when we moved to Catania. The unit packed up and moved with its Italian loot; loot is not a good word, it was principally medical loot. We moved into Catania on the heels of the occupying army after the heavy battle on the plains south of that city, and we were fortunate to find a brand new hospital situated on a hill overlooking the city and harbour. This hospital was built as a tuberculosis sanatorium and was only finished in 1940, and was superb in every way, although it had been badly damaged during the retreat two days before. However, it provided a roof over our heads, a shelter for our patients, and many beds which we needed very badly, and space to build up a very efficient and effective institution. There we stayed for six months.

When the invasion of Italy developed we were left behind, much to our disappointment, because we felt that we were now veterans of such an operation. So the care of the sick and injured in Italy were left to other units, but many of these casualties were flown to us by air-ambulance from Italy and we continued to be exceedingly busy handling such casualties and also the numerous sick that developed in the Sicilian garrison. There we stayed 'till we were called forward to Italy in January of this year. In the next four months we occupied a sports stadium in an area north of Bari, on the Adriatic side of Italy. There we operated a fully tented hospital. Unfortunately for us the weather was abominable. The sun very rarely shone, the rain and snow fell almost constantly, and the wind blew from the northwest with such persistence that the trees had a permanent list. These conditions did not make tented life very pleasant, and certainly did not make the hospital very efficient. Dark tents, dampness, cold, all these things made efficient operation next to impossible. The operation of a tented hospital was an entirely new experience for us. We found that there was very little precedent, and military manuals gave us little information; and so we had to learn by trial and error, mostly error. Lieutenant-Colonel Richardson excelled himself at this stage, because he planned and supervised the layout as though he was born to the circus life. His efforts and work produced an organization that would do credit to Barnum and Bailey. We became adapted to our new life there, but we were not sorry when late in April we were moved to the other side of Italy, north of Naples, to take part in the management of casualties expected from the new offensive against the Adolf Hitler line. There we set up another tented hospital. The move from the east side of Italy to the west, with all our impedimenta and personnel, was a heavy job, involving as it did the evacuation of our 600 patients, tent striking, packing and loading over 200 three-ton lorries. Ten days later we had opened at our new site and were taking patients. I feel that this was a notable feat, and one of which we were rather proud. I remarked one day that our tentage sergeant certainly should have been in a circus, because of the very marked proficiency he showed. In turn he remarked, "Well, sir, in peace time I did work in a circus." The new site was a ploughed field, and if there is anything worse than a dry ploughed field with an almost constant breeze stirring up the most unimaginable dust, I leave it to your imagination.

About this time I was recalled, so I was unable to enjoy the new dusty paradise, and since I have left I have learned the unit has now reached Rome, where it occupies a fine set of buildings and again is busy. I envy them in that famous city. Number 5 is not now a Manitoba unit. Most of the original officers are scattered in other jobs or have retired. Many of our sisters have been transferred, and a large number of our men have been lost in one way or another. So that the hospital is now representative of all Canada, but is commanded at the moment by Colonel Richardson, and still there are a few of our originals left to carry on the enthusiastic spirit of the original unit. I feel sure that though our feeling of being a Manitoba unit was valuable and a stimulation, I think that in the long run the mixture of people coming in from all parts of Canada was an advantage, and perhaps one could say that the unit is now stronger than it has ever been.

At present the officer in charge of medicine is from McGill in Montreal. The present officer in charge of surgery is from Halifax, and so on. Various other officers come from all parts of the Dominion.

In closing, I would like to mention rather especially the activity of the pathological department. The laboratory accomplished miracles under the most difficult circumstances. Landing with no equipment other than a few glass slides in Major Lansdowne's pocket, a small bottle of Lieshman's stain and a microscope procured from the enemy, we carried out as many as 250 blood film examinations a day during the height of the malaria epidemic. Throughout our whole period in Sicily and Italy the laboratory accomplished an amazing quantity of work, working sometimes with illumination from a storm lantern only, in a wet, dark tent. The X-ray department also did the most amazing and miraculous work. In Sicily, at Syracuse, they used an ancient Italian apparatus which almost appeared to antedate Roentgen himself. You can imagine attempting to make a dark room in such a tented hospital by the process of digging a dugout. The efficient cooling of developing solutions was almost impossible. The efficient management of an operating room in a tent takes a great deal of imagination and skill. The kitchen, as operated in England, with all its magnificent equipment, was in sharp contrast to the small field kitchens, consisting of trenches dug in the earth which we often had to use in Sicily, and to the very indifferent ranges issued to us in Italy; yet our cooks did a magnificent job, and our patients never suffered for want of good food. Laundry was done by civilians who were hired for the purpose, and on the whole were reasonably efficient.

In conclusion, I would like to say that I think that Number 5 Canadian General Hospital was a credit to its home province and its home University, and they did a work which we have reason to be proud of. I am exceedingly proud of my association with that unit, and my only regret is that I found it necessary to leave them before the job was finished.

Clinical Luncheon Reports

Winnipeg General Hospital

Case presented by Dr. J. W. R. Rennie.

Mr. H. L. Age 53.

Chinaman.

Laundry worker.

Came to Canada in 1914; returned to China for holidays since 1914.

Patient has always been well until July, 1944, when he had "tightening pains" in the epigastrium, not relieved by soda — food made it worse. Lost 25 pounds in weight.

August 9, 1944:

Temperature 101; pulse 96; blood pressure 106/60.

Fulness in right upper quadrant.

Almost board-like rigidity in right upper quadrant; pressure caused great pain.

Leucocyte count: 14,600.

Haemoglobin: 75%.

Urine: Negative.

August 10, 1944:

X-ray report—flat plate of abdomen—provisional diagnosis perforated ulcer.

"No evidence of free air in peritoneal cavity."

Barium series—negative.

August 11, 1944:

Had a chill. Temperature up to 105.

August 18, 1944:

Icterus index 18. Prothrombin time normal.

August 21, 1944:

Operation.

"Common bile duct greatly enlarged. Contains 1 calculus (2 cms. in diameter) and several smaller ones within the hepatic branches, also purulent material and clonorchis sinensis. Nodules in gastro-hepatic omentum. Gall bladder distended — no stones felt. Common bile duct incised, stones removed and T tube inserted."

Path. report:

Numerous liver flukes—clonorchis sinensis measuring 1.5 cms. x .3 cms. Also numerous fragments of mixed calculi, the largest 2 cms. in diameter.

Micro:

Gall bladder shows subacute cholecystis.

Cholelithiasis.

Clonorchis sinensis.

August 28, 1944:

Stool—few ova and flukes present.

♦

Dr. Isaac presented three interesting cases of Osteomyelitis of the Vertebra, all three of which had spinal anaesthesia for surgical precedure.

Case No. 1:

Age 77.

Had had a transurethral resection of the prostate under spinal anaesthesia.

Later he developed pain in the back which required a plaster cast.

X-ray showed a lesion in the 2nd lumbar. This patient made a very good recovery.

♦

Case No. 2:

Jewish merchant, age 62.

Had an inguinal herniotomy under spinal anaesthesia.

The operation was without incident but several days after the operation the patient complained of pain in the back and side.

This continued for weeks, until the fourth week a lesion could be demonstrated by X-ray in the 1st lumbar.

A body plaster cast was applied and the patient has made a good recovery.

(Both these patients were fathers of medical graduates who went through this medical school.)

♦

Case No. 3:

Age 47.

Had an operation for haemorrhoidectomy under spinal anaesthesia.

Pain developed in the back.

After 6 weeks a lesion was found in the 9th dorsal vertebra by X-ray exam.

A plaster cast was applied.

Patient has not replied to follow-up reports.

The question comes up — have these three cases any relation with the use of spinal anaesthesia? The bone lesions are not at the same interspace as the spinal tap. They also were on the opposite side of the vertebra to the spinal injection. The first two cases originated in the General Hospital, the third is a Western case. It was considered, with the number of spinal anaesthetics given during the past 10 years, that these two cases of osteomyelitis of the spine was not a contra-indication for the use of spinal anaesthesia in suitable surgical cases.

♦

What I call a good patient is one who, having found a good physician, sticks to him till he dies.—Holmes.

He who cures a disease may be the skillfullest; but he that prevents it is the safest physician—Thomas Fuller.

Association Page

Thank You—Buena Suerte (Good Luck)

I should like to thank most heartily the Executive and members of the Manitoba Medical Association on completion of the past year's work. We started the year 1944 believing that Health Insurance might be delivered even precipitately ere the year was finished. However, as the months rolled by we saw we had a case of pseudocyesis upon our hands. Until a federal election has passed and an interprovincial conference takes place Health Insurance is just a family dream. Time magazine of 25/9/44 mentions a Health Scheme proposed by Mayor F. H. La Guardia for New York City employees and others. Apparently there will be some revision of present methods of the practice of medicine before we resume what is called normalcy.

In conclusion, may I again thank you for your loyal co-operation and consistent support afforded me during the past year and bespeak the same for my successor, Dr. Stuart Schultz of Brandon.

Cordially yours,

D. C. AIKENHEAD.

The following is an excerpt from Dr. F. Cyril James, Principal and Vice-Chancellor, McGill University, Montreal, P.Q., given before the Special Committee on Social Security, Tuesday, July 18th, 1944:

I wonder, Mr. Chairman, if I might take a couple of minutes to focus the problems of social security against the broad background of all our reconstruction problems. The central problem that we shall face after the war, in my opinion, is that of insuring that all of the people who are able and willing to work are enabled to obtain jobs at the earliest possible moment. There are two reasons for that opinion: first, that unless we produce in Canada a national income very much higher than anything we had before this war began we cannot possibly attain the social ideals discussed by this committee and the Advisory Committee on Reconstruction; secondly, that no scheme of social security or government assistance is as good for the morale of the individual as the realization that he has a useful part in the life of the community and is earning his own living in the way he wants to earn it.

Human welfare also involves the comprehensive problem of social security insurance and social security, which is the special responsibility, Mr. Chairman, of this committee. The purpose of any program of social insurance is to redistribute a part of the national income. We should not try to convince ourselves that social insurance increases the national income to any substantial extent; it may in a very small area, mitigate the severity of cyclical depressions, but there is no evidence that social insurance increases the national income measured in terms of goods and services produced except in the very long range sense that if we educate every child more satisfactorily, and maintain more effectively the physical health of both adults and children, we shall avoid the losses that now result from ignorance and disease. These are not small losses. If we measure time in generations of human life, an efficient welfare program can have a profound effect upon the national income and national well being of Canada, but for the moment we are considering the immediate post-war years, a much shorter period.

For such a short period, we must study social insurance as a technique of redistribution. It takes income from those that have it in abundance in order to give to those who are less well off. We must therefore keep in mind continually one fundamental question, how much of the national income can reasonably be taken for the purpose? That question must be answered clearly before individual rates of benefit are determined and various types of coverage provided. We know that the risks that are insured against are serious. We know that a sound scheme of social insurance maintains the physical welfare and moral stamina of the individual if it is well administered, so that a perfect solution of this problem demands the careful balancing against one another of both economic and sociological considerations.

Obviously the problem cannot be solved, *in vacuo*, by threatened arguments. It might, for instance, warm our generous impulses to give everybody in the community an annual income of $5,000; but that is impossible in terms of present goods and services. Our national income in Canada during the immediate post-war period is the growing factor and in any social security scheme we have to correlate our progress with the situation in industry and agriculture as it exists at the present time. The purpose of social security is not to discourage employment; it must be designed to supplement the opportunities for employment in the case of those individuals who, through no fault of their own, are unable to earn their living.

Approaching the problem from that angle, and recognizing, as the Prime Minister pointed out in the House a few days ago, that at the end of this war Canada will face the problem of finding jobs for roughly 2,000,000 people, the first desideratum, to my way of thinking, is to develop a comprehensive unemployment insurance program that will take care during the months required to transfer from one job to another of any individual who is let out of a job in war industry because that industry is closing down, or any individual who comes from the armed forces under the provisions of P.C. 7633.

Second in order of priority, I would be inclined to place public health in the widest sense of protecting the health of the community. Those two things are essential to meet the immediate post-war situation.

Third, there is the broad group of proposals involving the maintenance of family living standards, including the provision of children's allowances. I would point out, however, that the payment of children's allowances is only one way of tackling that problem. You can maintain the health of children and the well-being of the family by cash payments; but you can do the same thing by providing adequate assistance in other forms through ordinary governmental machinery. You could provide free meals at schools (especially in rural parts of the country); free hostels which may become necessary because of the difficulties of transportation in thinly populated areas. By such measures the amount of cash that may be needed under a program of children's allowances would be greatly reduced, and for that reason I prefer to regard the question of the maintenance of family income as a broad question that can be tackled through any one of several ways, or a combination of them.

Those three, unemployment insurance, public health measures, and the maintenance of family living standards, seem to me, Mr. Chairman, to be the most urgently needed items of social insurance, but I do not have any strong feelings as to the relative priority of the other items.

Winnipeg Medical Society—Notice Board

P. H. McNULTY—*President*
A. M. GOODWIN—*Vice-Pres.*

Next Meeting
Friday, October 20th

W. F. TISDALE—*Secretary*
E. S. JAMES—*Treasurer*

As I expected the Executive were against a meeting in September so the first meeting of this session will be on Friday, October 20th, at 8:15 prompt. The President is very anxious that you should remember the hour, 8:15, not 8:30 or 8:40, but eight fifteen. Come early and you'll be sure of a seat; come late and you take a chance.

The topic will be cardio-vascular disease and the speakers will be Dr. F. G. Allison, Dr. J. McEachern, Dr. R. O. Burrell and Dr. J. P. George. Drs. Allison and McEachern will present various important aspects of heart disease and will give you the latest tips on how to cheat this Colonel of the Men of Death.

According to our Constitution, papers are limited to 20 minutes. Discussion on the two medical papers might, and should, run to another 20 minutes. I am sure the speakers would be glad to answer questions ranging over the whole field of cardiology. As I said last month, let us regard these as post-graduate meetings and get all we can out of them.

There is a very personal touch in heart disease because those thread-like arteries, the coronaries, are the delicate filaments that hold over the head of each one of us a sword of Damocles, and it is fated for one out of every two of us that the cares and stress of practice will fray the thin-spun thread so that the sword will fall and give, to half of us, our coup de grace.

Dr. Burrell will deal with peripheral vascular disease, its recognition, varieties and treatment. Surgery is doing a great deal to make life tolerable for the patient with unhealthy vessels. It is, indeed, doing a lot for those with unhealthy hearts, especially those who have much pain. I have no doubt that those of you who are curious to know what surgery can do in heart disease will get answers to your questions.

Last year Dr. J. P. George delivered a child with ectopia cordis. Moving pictures in colours were taken and this film will be shown, while Dr. George will give details as to the nature of the condition and the course of the case.

Pleasant blonde Anna Wilson, our new trustee, will be in charge of the refreshments this session. This, together with the fact that coffee rationing is over, is cheering news. Milk after the meeting, which has been the practice for the past two years, is all right in a way. It is much better to enjoy the "cup that cheers but not inebriates" before going out into the elements —milk neither cheered nor inebriated.

Being, then, assured of good programmes followed by palatable lunches it remains to make the meeting place fit for habitation. It is curious, is it not, that of all places, a physiology theatre should be so exceedingly unhygiene. Perhaps the new president will do something about it. J.C.H.

Despite the fact that our existence is practically ignored by the members as a whole, the Medical History Section enters its 13th year full of vigor and **elan vital.** We meet as connoisseurs of fine wine might meet to sip a choice vintage, deploring the while that others deliberately deprive themselves of its captivating fragrance and taste. The wine-sipping is, of course, purely figurative. It is true that in times past we have had occasion to enjoy not only the paper but also the spirit with which it was given—the said spirit being the handiwork of Mr. Dewar or Mr. Walker. But such occasions were not common, and no one need come to our meetings in the hope that the feast of reason will be accompanied by a flowing bowl.

As plans now stand, there will be three meetings, of each of which notice will be given. One of the papers will present the doctor in an unusual role—that of a villain. It will be dirty linen night, when we exhume such scoundrels as Dr. Creme, Dr. Palmer, Dr. Crippen, and others who live not through their good deeds but by reason of their infamy.

A second title is likely to be the Triumphs of T.B. Such a host of great men and women have lived and died under its shadow and have by the threatened shortness of their lives been spurred to great achievements that one feels as if their lives, as well as their deaths, were triumphs for the tubercle bacillus.

Then we hope to hear the interesting story of the search for the Philosopher's Stone—the transition from the magic of the ancients to the marvels of today.

You, as members of this Society, are eligible to attend; furthermore, you will be welcome. Good notice will be given of the dates, and we hope that you will come. J.C.H.

When raw, painful throats demand relief

Pharyngitis and tonsillitis of the "cold" season—as well as post-tonsillectomy throats—are often so painful as to make the patient, particularly the young child, reluctant to swallow any type of nourishment.

A routine relief measure used by thousands of physicians to provide comforting relief, and to hasten recovery is

Dillard's Aspergum

Chewing Aspergum accomplishes these desiderata:

1. The acetylsalicylic acid is carried to the very site of pharyngeal inflammation. A copious salivary flow, laden with this effective analgesic, is brought into immediate and prolonged contact with painful irritated areas—providing prompt and gratifying relief.

2. Local spasticity and stiffness are relieved through the gentle muscular stimulation afforded by chewing.

3. The patient is more comfortable, earlier partakes of a suitable diet; convalescence is hastened.

Ethically promoted—not advertised to the laity. In boxes of 16 and moisture-proof bottles of 250 tablets. Write for samples and literature to W. Lloyd Wood, Ltd., 64-66 Gerrard Street, East, Toronto, Ontario.

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Manitoba Medical Association Committee Reports

Report of Executive Committee

To the Executive and Members of
The Manitoba Medical Association:

Your Executive Committee begs to submit the following report for the year 1943-1944:

During the past year your Executive has held nine meetings plus a number of sub-executive meetings where considerable time was spent without apparent tangible results.

Perhaps the most pressing local problem of the profession is the appointment of a permanent secretary. For many years public spirited sacrificing doctors have successfully carried on the corporate affairs of the Manitoba Medical Association but today, with increased professional work, due to war conditions, and the complex problems laid upon the doorstep of the profession by changing social relationships, it is imperative to have a full time secretary. One might truthfully say the way we conduct our Association affairs is comparable to oxcart transportation and that of sleek sreamlined planes. These remarks are not cheaply critical but rather an attempt to bring forward the urgency of getting something done upon a nucleus of a continuous provincial medical organization.

Canadian Medical Procurement and Assignment Board:

Under the capable chairmanship of Dr. F. G. McGuinness, whose report appears elsewhere, this committee has functioned efficently throughout the year. The committee has handled well a ticklish and difficult problem. Civilian medical needs were protected, especially in rural areas, while an orderly entry of availab'e medical personnel entered the three services. The lack of internes, especially senior internes, in all the hospitals has been a headache all year. All male medically fit medical graduates automatically enter one of the three services upon graduation. The question of senior internes in hospitals probably will not be satisfactorily solved until the cessation of hostilities. Relations with the Army, Air Force and Navy were maintained in a cordial and dignified manner. This committee has under consideration rehabil'tation, a problem which looks to be as great as mobilization. The committee is working with the Faculty of Medicine in arranging refresher courses for medical graduates who have never entered civilian medical practice.

Manitoba Medical Service:

This body was incorporated by the Manitoba Legislature in 1943 with an original directorate of 15 members, eight of whom were medical men. This board has been increased to 21; the additional six members are all doctors. The latest democratic method of proportional representation was used in choosing these six medical men to the board of the Manitoba Medical Service. A ballot was mailed to all the medical practitioners of Greater Winnipeg asking them to name six medical practioners of Greater Winnipeg whom they considered would look after their interests upon the board of the Manitoba Medical Service. Two officials from the City Hall, who were familiar with the mechanism of proportional representation, were called in to count the ballots. They announced the following results: Drs. A. Hollenberg, P. H. McNulty, J. C. Hossack, Gordon Chown, J. D. McQueen and F. G. McGuinness. These gentlemen are now members of the Board of Directors of the Manitoba Medical Service, 21 in all, of whom 14 are medical men. This is the first large scale, partial or total, medical prepayment scheme in Manitoba. The scheme may be launched before this report appears in print. Dr. E. S. Moorhead is the Medical Executive Director. It might be pointed out that the Manitoba Medical Service is purely medical services—hospitalization, nursing, drugs, etc., are not included in the scheme. Two plans are offered with the following provisions:

Monthly Subscription Rates:

	PLAN A (Surgical)	PLAN B (Medical and Surgical)
Individual	$ .60	$1.50
Family (Applicant, wife and all unmarried children under 19)	1.75	3.50
Sponsored	1.15	2.00
Military Service	1.15	2.00

Dr. M. R. McCharles is chairman of the Manitoba Medical Service. His report is worth consideration.

Committee of Twelve:

This Committee is composed of 12 members, 3 from the Faculty of Medicine, 3 from the College of Physicians and Surgeons, 3 from the Winnipeg Medical Society and 3 from the Manitoba Medical Association. Dr. C. R. Rice acted as chairman of this Committee. A group of irregular practitioners were presenting a bill before the Manitoba Legislature, asking for official recognition to use the title "doctor" and avail themselves of attending their patients in hospital. The Committee of Twelve desired a permanent solution of the irregular problem which has come before the Legislature a number of times during the past 20 years. After considerable thought and discussion a "Basic Science Bill" was drafted, the provisions of which would apply to all who wished to enter the healing arts. The Legislative session was well advanced before the Basic Science Bill was mooted. The Government desired more time for consideration of such an important piece of legislation with its far-reaching effects. Consequently, the Basic Science Bill was dropped for this session. Shortly after this decision was reached the newspapers carried a paragraph that the Bill that the Irregulars were presenting before the House had been withdrawn. It is understood that a Basic Science Bill will be inroduced at the coming session of the House.

Conference of Social Workers:

This was an important Dominion Conference of Social Workers who assembled at the Fort Garry Hotel, May 15th, 16th and 17th. On the afternoon of May 16th at a round table conference, under the chairmanship of Hon. R. P. Vivian, Minister of Health for the Province of Ontario, the subject of discussion was "The State's Responsibility in the Provision of Health Services." Dr. T. C. Routley, General Secretary of the Canadian Medical Association, at considerable personal sacrifice, came to Winnipeg by plane to present the viewpoint of organized medicine. Mr. H. A. Chappell presented the views of Labour while Mr. Ben Lewis gave a brief for Agriculture. All those taking part in this round table conference are to be commended for an excellent presentation upon the subject in question. However, the audience was composed of social workers whose ideas were probably leftist. I think I counted three doctors in the audience at one time. We are deeply indebted to Dr. Routley for coming to Winnipeg two days before the great Annual Meeting of the Canadian Medical Association in Toronto. We utilized Dr. Routley's time in Winnipeg during his brief visit. On Monday evening he spoke briefly to the Executive, then addressed the monthly meeting of the Department of Pensions and National Health at Deer Lodge, where a large gathering of men in the services was present. Tuesday afternoon he spoke at the Round Table Conference in the Fort Garry Hotel and in the evening addressed the medical men of Greater Winnipeg. Wednesday morning, before the plane departed for Toronto, he met a group of young men from the three Services who never had practiced medicine. This was a frank discussion mostly of plans for rehabilitation after demobilization.

C.M.A. in Toronto, May, 1944:

A summary of the meeting of the C.M.A. Council is contained in the Manitoba Medical Review of July, 1944. Manitoba doctors who attended Council included the following: W. G. Beaton, F. G. McGuinness, P. H. McNulty, Stuart Schultz, A. Hollenberg, A. F. Menzies, D. L. Scott and D. C. Aikenhead. Half of Council's time was spent in the discussion and consideration of Health Insurance and the report by the Chairman of Economics. The C. M. A. must move carefully and slowly towards the solution of a problem that varies widely in the nine Canadian Provinces. The 18 Principles, as evolved by the Council of the C.M.A. in Jasper in 1942, were revised to meet conditions of 1944 and are as follows:

Principles Relating to Health Insurance:

Approved by the General Council of the Canadian Medical Association, May, 1944:

1. The Canadian Medical Association approves the adoption of the principle of contributory Health Insurance, and favours a plan which will secure the development and provision of the highest standards of health services, preventive and curative, provided the plan be fair both to the insured and to all those rendering the services.

2. Inasmuch as the health of the people depends to a great extent upon environmental conditions under which they live and work, upon security against fear and want, upon adequate nutrition, upon educational facilities, and upon the opportunities for exercise and leisure, the improvement and extension of measures to satisfy these needs should precede or accompany any future organization of medical service. Failure to provide these measures will seriously jeopardize the success of any Health Insurance plan.

3. It is not in the national interest that the State convert the whole medical profession ino a salaried service.

4. I is not in the patient's interest that the State invade the professional aspects of the patient-doctor relationship. Subject to geographical and ethical restrictions this relationship includes free choice of doctor by patient and free choice of patient by doctor; it implies also maintenance of the confidential nature of medical practice.

5. While leaving to each province the decision as to persons to be included, the plan must be compulsory for persons having an annual income insufficient to meet the costs of adequate medical care.

6. The dependents of insured persons should be included in the health benefits.

7. Medical care for resident and transient indigents should be provided under the plan, the Government to pay the premiums.

8. Health benefits should be organized as follows:

(a) Every regularly qualified, duly licensed medical practitioner, in good standing in the province, should be eligible to practise under the plan.

(b) The benefits conferred should be such as to provide for the prevention of disease and for the application of all necessary and adequate diagnostic and curative procedures and treatment. Specialist and consultant medical services should be available.

(c) The following additional services should be available through the medical practitioner:

(1) Nursing service;
(2) Hospital care;
(3) Auxiliary services, usually in hospital;
(4) Pharmaceutical service, subject to regulation.

(d) Dental service.

9. Cash benefits, if provided, should not be taken from the Health Insurance fund.

10. Health Insurance should be administered by an independent non-political Commission representative of those giving and those receiving the services. Matters of professional detail should be administered by committees representative of the professional groups concerned.

11. Under Health Insurance the Chief Executive Officers to the Commission and the Regional Executive Officers should be physicians appointed by the Commission from a list submitted by organized medicine in the province.

12. Each province should be served by an adequate Department of Public Health, organized on the basis of the practising physician taking an active part in the prevention of disease.

13. The granting of a license to practise medicine was designed primarily to protect the public. Therefore it is in the interests of the patient that all who desire licensure to practise a healing art should be required to conform to a uniformly high standard of preliminary education and of training in the recognized basic sciences as well as to furnish proof of adequate preparation in the clinical and technical subjects.

14. The method, or methods, of remuneration of the medical practitioner and the rate thereof, should be as agreed upon by the medical profession and the Commission of the province.

15. Every effort should be made to maintain health services at the highest possible level. This requires:

(a) Adequate facilities for clinical teaching in the medical colleges and hospitals;
(b) Post-graduate training of all medical practitioners at frequent intervals;
(c) Necessary facilities for and support of research.

16. The principle of insured persons being required to contribute to the insurance fund is strongly endorsed.

17. Any Health Insurance plan should be studied and approved actuarially before adoption and thereafter at periodic intervals.

18. In the provision of health services, cognizance should be taken of the fact that well over a third of Canadian doctors are now in the Armed Forces. If Health Insurance should be implemented in any province before demobilization, the interests of the medical officers in the Services should be fully protected.

New Constitution and Bylaws for M.M.A.:

Our booklet upon Constitution and Bylaws sadly needed revision. At an early meeting of the Executive, Dr. F. D. McKenty was appointed Chairman with power to add members, if necessary, to revise and bring up to date the Constitution and Bylaws of the Association. Dr. McKenty has given this matter a great deal of thought and has labored upon the subject all winter. We are indebted to him for this work, for which he is peculiarly qualified. Dr. McKenty's report will come up for your consideration and approval at the Annual Meeting of the Association on Thursday night.

Nursing Schools:

The Department of Health and Public Welfare asked this Association for recommendations for standards for Nursing Schools. Under the chairmanship of Dr. Ross Mitchell the following recommendations were received and adopted by your Executive and forwarded to the Honourable Minister of Health and Public Welfare:

1. That consideration be given to a system whereby preliminary training be given in the basic science relating to nursing.

Such training to be given in the larger centres and that after this period of training that these nurses be allotted to various hospitals in the province for instruction in practical nursing and the application of these basic sciences in the art of nursing.

2. That consideration be given where necessary for bursaries or loans to deserving applicants for their preliminary training.

3. That the plan as outlined might be so organized as to give two types of nurses.

4. That a special licensing body with representation from the University of Manitoba be set up by statute to govern nursing standards.

5. That the superintendent of the training school should make a personal selection of the candidate for admission to that school and that a full Grade XI be set as the minimum standard of preliminary education.

Extra Mural Committee:

Dr. C. W. Burns presents the report of this committee. "Gas and tire" restrictions, plus the extra load of work imposed upon clinicians, have restricted the work of this group. Similarly, the above noted restrictions have prevented the District Societies from functioning as in pre-war days. Let us hope that 1945 will see a resumption of full Extra Mural activity.

Honourary Member C.M.A.—Dr. S. J. Elkin:

At the Annual Meeting of the C.M.A. in Toronto in May, 1944, Dr. S. J. Elkin was made an honourary member in absentia. This latter fact was due to a dense fog that grounded all planes from New York to Toronto. Dr. Elkin, well past the Biblical three score and ten years, flew from Winnipeg to New York to renew family associations. He would have been on hand to receive his award if nature had not intervened to thwart man's system of transportation.

Workmen's Compensation Board Committee:

At the last Annual Meeting of the Manitoba Medical Association a motion was passed to review the Schedule of Fees for Workmen's Compensation Board work. Dr. John Gunn was appointed chairman of this Committee with associates Drs. Pat McNulty and W. E. Campbell. The Committee, in addition to consideration of fees, took up some alleged grievances which had to do with interpretation of the present schedule of Workmen's Compensation Board fees. Report of Dr. Gunn and Committee is printed for your consideration.

Nutrition:

On June 8th Dr. L. B. Pett of the Nutrition Division of Department of Pensions and National Health gave an address to a small gathering of medical men in the dining room of the Hudson's Bay. Nutrition plays a vital part in the health of our nation. It is presumed to be the most important topic in the rehabilitation of Europe and Asia.

Discontinuance of "Relief":

As "Medical Relief" was only a temporary measure designed to meet an extraordinary situation it was considered that financial conditions at present warranted cessation of medical relief. Your Executive sent a letter to all medical practitioners in Greater Winnipeg, and a few others, asking if they were willing to discontinue medical relief. Nine out of ten replies were in the affirmative. All the heads of the various Municipalities of Greater Winnipeg, including the Mayor of Winnipeg, were notified in March, 1944, that as the "extraordinary situation" in respect to medical care had ceased this Association wished the medical relief agreements to lapse. The majority of Municipalities accepted the termination of medical relief.

Questionnaire:

Your Executive wished to get a cross section of opinion from its members upon Health Insurance. After considerable discussion, a form was mailed to all members of the Association in the Province and certain members of the Services. Here is the number of "questionnaires" sent out and returned:

	Sent Out	Returned
City	270	173
Rural	165	104
Services	81	21

As previously mentioned, your Executive gave the wording of this questionnaire considerable care. If we had to repeat this experiment we could improve upon it. The same applies to those who filled in the questionnaires. Many were of the opinion they were answering "yes" or "no" to questions upon which they were inadequately informed. Notwithstanding all this, for the first putting together and compilation of a questionnaire, the results were fair. It is hoped that after members hear the discussions upon Economics at the Annual Meeting this year they may be better prepared for future questionnaires.

Committee on Epidemics:

This was a Dominion Committee with Provincial branches, with the object of having an organization ready to combat any epidemic disease, such as influenza in 1918. Dr. H. M. Speechly, as Chairman of this Committee, went to Ottawa, sat in with the various delegates from the nine Provinces upon the parent Committee. Dr. Speechly prepared an excellent report, which is on file in the Association's office. It is well worthwhile anyone's perusal.

New Editor of Manitoba Medical Review:

Dr. Gerard Allison has resigned as Editor of the Manitoba Medical Review and Dr. J. C. Hossack, who has a flair for journalism, has been appointed to succeed Dr. Allison. To Dr. Allison many thanks for past efforts and best wishes to Dr. Hossack.

Regional Dependents' Advisory Board:

This hardy perennial is like couch grass and Russian thistle, well nigh impossible to eradicate. The question of fees has been taken up with Ottawa via our General Secretary. Unfortunately, the nine provincial medical organizations cannot agree upon a fee tariff. It would appear that hostilities would be over before we get a fee schedule that is acceptable to the Government and the Profession.

Junior Red Cross:

Rural branches of the Junior Red Cross asked this Division to name Orthopedic men who would be willing to help in the re-establishment of crippled children of the Province. The money collected by the Junior Red Cross for this project was in small sums of ten and twenty-five cents. It was thought that the first children selected should have a defect that had a reasonable chance of correction. In submitting medical names to the Junior Red Cross Committee your Executive named Orthopedic and Pediatric specialists. It is recalled that nutrition plays a prominent role in all walks of life.

Membership:

We close our books this year with, relatively speaking, the highest membership on record. The major share of this good news belongs to Dr. Grant Beaton who has been an outstanding treasurer of this Association. In keeping with this record, Dr. Beaton has been honored by the appointment as Chairman of the Membership Committee of the C.M.A. Congratulations, Dr. Beaton!

Men in the Services:

Your Executive has continually tried to keep in mind the viewpoint of the man in the Services. The man who left a lucrative practice and the man who was in uniform before the ink on his sheepskin was dry. This was particularly true in the approach to Health Insurance. If and when Health Insurance legislation should be implemented the bulk of civilian doctors had one desire not to "be in on the ground floor" over their brothers in the Services. Considerable thought has been given to the placing of returned medical men in suitable positions. Mention has been made of the refresher courses in conjunction with the Canadian Medical Procurement and Assignment Board and the Faculty of Medicine.

Health Insurance:

A second committee on Social Security has sat in Ottawa for some time this year. The printed proceedings of this Committee have been sent to a number of men in the Province. Those who perused these pages will see the pressure put upon the Committee to recommend the inclusion of regular practitioners to treat the sick under the provisions of the proposed Act. Your Executive has spent a great deal of time considering the various angles of the proposed legislation. A Health Insurance Act is on the statute books of Ontario and Saskatchewan. Prophecy in any form is dangerous, political prophecy is even worse. It would appear that a Health Insurance bill may not be introduced before parliament adjourns. The Childrens' Allowance Bill is supposed to cost 260 millions of dollars. This Act has been passed and will go into effect on July 1st, 1945.

A number of competent observers believe Health Insurance as a Federal measure will never interfere greatly with private practice. Health is a Provincial matter under B.N.A. Act and, as such, the profession will have to work out with Provincial authorities the many problems connected with Health Insurance, if and when any Act is put on the statutes. Until Dominion-Provincial autonomy is clearly defined, Provincial Health Insurance legislation may be far in the future.

I wish to thank most heartily all the members of the Executive who have cheerfully endeavored to guide the Association through the Scylla (too little) and Chorybis (too much) upon the subject of Health Insurance. We have endeavored to keep a "the middle of the road" viewpoint. Time will assess whether this viewpoint has been the correct one.

Criticism has been directed towards the Executive in not getting the profession united and welded into a single unit of thought upon a number of problems that now confront us. In a democracy, unless from motives of security, changes are slow, especially social conditions. It would seem that the profession should ally itself and aid with all its power those forces which seek to bring the advances in medicine to the underprivileged and out of the way places.

D. C. Aikenhead,
President.

D. L. Scott,
Secretary.

COMMITTEE ON SOCIOLOGY
Statement of Assets and Liabilities
January 1st to August 31st, 1944

ASSETS

Investments:	
Dominion of Canada Bonds 1951—3%	$2,000.00
LIABILITIES	
NIL	
	$2,000.00

REVENUE

Balance in Bank of Montreal as at Dec. 31, 1943	234.02
By Interest on $2,000.00 Dom. of Can. Bonds at 3%	60.00
5% deductions made from Relief Accounts paid to Doctors and received by Sociology Committee, as follows:	
Municipality of East Kildonan	12.55
Municipality of St. Vital	24.39
Municipality of West Kildonan	4.30
City of Winnipeg	27.95

DISBURSEMENTS

NIL

Balance in Bank of Montreal as at August 31, 1944	$363.21

Statement of Revenue and Expenditures
January 1st to August 31st, 1944

REVENUE

By Fees collected:		
379 members at $7.00	2,653.00	
5 members at $5.00 (comb. fee)	25.00	
		2,678.00
384		
Interest on Bonds		214.68
Winnipeg Medical Society		280.00
Writing off Credit in C.M.A. Fees Account		48.00
Exhibitors Annual Meeting		308.50

EXPENDITURES

To Annual Meeting—Adv. Expenses		130.00	
Bank Charges, Exchange, etc.		17.70	
Entertainment		16.50	
General Expenses:			
Telephone	64.23		
Light	5.33		
Business Tax	19.96		
Wreaths	46.50		
Bond on Treasurer	5.00		
Servicing Typewriter	8.00		
E. S. Fjelsted—Gold Medal and Tax	36.88		
Miscellaneous	13.20		
		199.10	
Manitoba Medical Service		287.08	
Printing, Postage and Stationery		136.51	
Rent		224.00	
Salaries:			
H. M. Brown		994.40	
Unemployment Insurance Stamps		10.53	
Transferring from Accounts Payable to Salaries Ac.—Dr. Hossack—Hon'm		200.00	
Travelling Expenses—Secretaries' Conference		52.20	
		2,268.02	3,529.18
			2,268.02
By Surplus of Revenue over Expenditures to August 31st, 1944			$1,261.16

Committee on Historical Medicine and Necrology

To the President and Executive of
The Manitoba Medical Association:

Your Committee on Necrology begs to report:

The past year has brought its inevitable toll of mortality. From September 1, 1943, to June 22, 1944, fifteen Manitoba physicians have died and left this province the poorer for their passing.

The list with date of death follows:

Maurice Roy Fargey, Bowsman River, Sept. 1, 1943.

Angus T. Condell, Brandon, Sept. 13, 1943, Coroner.

Daniel Sayre MacKay, Winnipeg, Oct. 27, 1943, formerly head of the Department of Obstetrics and Gynaecology, Emeritus Professor of Gynaecology. Vet. 1914-18.

Henry John Meiklejohn, Winnipeg, Nov. 13, 1943.

Jules Marie Dugas, St. Pierre, November 23, 1943.

Robert Donald Fletcher, formerly of Winnipeg, Dec. 13, 1943, president of Manitoba Medical Association, 1921.

Harry Morton Murdoff, Winnipeg, January 1, 1944.

George Victor Bedford, Winnipeg, January 6, 1944, Dermatologist, Winnipeg General Hospital. Vet. 1914-18.

George Clingan, Virden, January 24, 1944, member of the legislative assembly, President of Manitoba Medical Association 1936, and honorary member, 1942. Vet. 1914-18.

Isaac Herbert Davidson, Winnipeg, March 30, 1944, anaesthetist St. Boniface and Deer Lodge Hospitals.

Robert Brodie Anderson, Winnipeg, April 29, 1944. Vet. 1914-18.

Victor George Williams, Winnipeg, May 31, 1944. Vet. 1914-18.

David M. Genoff, Winnipeg, June 17, 1944.

Brandur Jonsson Brandson, Winnipeg, June 20, 1944, formerly head of the Department of Surgery, Emeritus Professor of Surgery.

Thomas R. Corbett, Crystal City, June 22, 1944, Coroner.

To the relatives of these departed brethren we extend our sympathy.

Respectfully submitted.

Ross Mitchell,
Chairman.

Report of Committee on Maternal Welfare

To the President and Executive of
The Manitoba Medical Association:

There were 16,412 live births and 351 still births in the Province of Manitoba during the year 1943. From this number there were 31 maternal deaths and 18 associated deaths, making a maternal mortality of 1.9 per 1,000 live births. Of the 31 maternal deaths there are a number of maternal mortality enquiries not yet completed and this Committee strongly requests the members of our profession to co-operate with the Provincial Department of Health so that a completed report can be obtained. The causes of maternal death were:

Toxaemia of Pregnancy, 7; Postpartum Hemorrhage, 6; Septic Abortion, 5; Pulmonary Embolism, 4; Septicaemia, 4; Rupture of the Uterus, 2; Shock, 1; Chorioepithelioma, 1; Pneumonia, 1

It appears from the records that Toxaemia of Pregnancy is not treated with the seriousness it deserves, especially when associated with Chronic Nephritis. All the Septic Abortions, where reported, as induced or criminal.

Respectfully submitted.

F. G. McGuinness,
Chairman.

Report of Committee on Nutrition

To the President and Executive of
The Manitoba Medical Association:

The Committee on Nutrition of the Manitoba Medical Association has held no meetings this year so we have nothing to report.

Respectfully submitted.

Harold Popham,
Chairman.

Report of Committee on Legislation

To the President and Executive of
The Manitoba Medical Association:

Your Committee on Legislation reports as follows:

During the early winter of 1943 it was brought to our attention that the Chiropractors were seeking Legislation through the local legislature under which they were to be granted rights and privileges the same as our own profession.

Your committee immediately took steps to have this Legislation controlled. The whole matter was finally brought to a head when we were instructed that the local Legislature at their sitting in the spring of 1944 would not accept any Bill from the Chiropractors or ourselves concerning matters of the practice of the art of healing, but that they would be prepared when the next meeting of the Legislature comes on to deal with these quesions, probably as Government measures. We were given to understand that a Bill would be introduced to control all persons wishing to practice the art of healing.

Might I suggest that the new committee on Legislation be prepared to give to the Government all possible assistance and constructive criticism of any Bill that they might introduce. In doing so we should have the support of the governing body of the University of Manitoba, and your committee, I think, should work with the University's governors as closely as possible.

The proposed Legislation, when it is introduced, will affect the education of all persons wishing to practice the art of healing and, for this reason, the University should be asked to take its proper place in having suitable Legislation prepared.

Up to the present time your committee has not taken any active part in any proposed Legislation by either the Provincial

or the Federal Governments concerning socialized medicine. This is something that might bear discussion in your present meetings.

May I make a suggestion here that when Legislation may be coming up which will affect our profession, that the Executives of the Association make themselves responsible for giving some lead to your committee on Legislation as to how members of the Manitoba profession would like these things dealt with. It would save us some time.

Respectfully submitted.

C. R. Rice,
Chairman.

Report of the Industrial Medicine Committee

To the President and Executive of
The Manitoba Medical Association:

This Committee met for the first time on May 3rd, 1944. Problems of industrial medicine in Manitoba were discussed and also Standing Orders for Nurses in Industry.

As industry has multiplied and expanded in Manitoba during war time, many doctors are becoming more interested in industrial medicine. Because of this it was decided by the Committee that a meeting of all physicians interested should be called early in the fall of 1944 with the idea of forming an Industrial Division of the Winnipeg Medical Society, if approved by the Society. It was thought that one evening might be devoted to Industrial Medicine and that an occasional article should be prepared for the Review.

The Chairman of the Committee attended the Canadian Medical Association meeting in Toronto in May and sat in on several discussions regarding industrial medicine. A Section on Industrial Medicine was formed in the Canadian Medical Association.

It is to be hoped that there will be more to report next year.

Respectfully submitted.

Maxwell Bowman,
Chairman.

Radio Committee

To the President and Executive of
The Manitoba Medical Association:

There is nothing to report on behalf of the Radio Committee for the past year.

Respectfully submitted.

A. M. Goodwin,
Chairman.

Report of Committee on Public Health

To the President and Executive of
The Manitoba Medical Association:

I beg to submit herewith report of the Committee on Public Health of the Manitoba Division of the Canadian Medical Association for the year ending September 1st, 1944.

Despite the increased tempo of War activities, Public Health in the Province has continued to make important gains. Probably tht main reason for this is the added impetus of Public Health thinking and action in the Armed Forces themselves. During the year, at the request of the Venereal Disease Control Officers in the Army, Air Force, and Navy, an intensified program in connection with the more adequate control of venereal diseases was inaugurated. Publicity in this connection was put on by the Young Men's Section of the Winnipeg Board of Trade. In order to improve the quality of the work being done in the location of alleged sources of infection and contacts, special training was secured at McGill University for three follow-up nurses. This was made possible through a larger allocation of funds from the Federal Government to the Provinces for the control of venereal diseases. Free sulphathiazole was provided to the practicing profession to be used for the treatment of indigent patients suffering from gonorrhoea. Although the increased emphasis on the work of the Venereal Disease section of the Provincial Department and of the City Health Officer, makes it apparent that there is an increase in cases of venereal disease, we believe this is more apparent than real, feeling satisfied that more cases are being reported by the profession and because more cases are being located and brought under treatment by the work of the Provincial Department of Health. Services are now available to physicians on request for follow-up of delinquent patients who are on treatment, as well as to locate alleged sources of infection and contacts and have them brought in for examination.

The work of the City of Winnipeg Health Department has continued to go forward. During the year the City made hospital treatment of communicable disease cases free to all residents of the City. This was a very forward step in that it will insure much better isolation of cases suffering from communicable disease, and in this way prevent the spread of the disease. The medical care of persons who are the responsibility of the City has now gone back to the old basis which prevailed previous to the medical plan for the treatment of the unemployed. Indigent patients in the City of Winnipeg are now referred to the Out-patient Departments of the hospitals and are taken care of in the public wards, where this is necessary. Home treatment is given by means of district physicians.

During the year, the City of Winnipeg, in co-operation with the Sanatorium Board of Manitoba, had approximately ten thousand of its citizens given chest plates. This x-ray service has also been extended to pregnant women where this is requested by the physician.

Miss Hall, who has been Director of the Public Health Nursing Services of the City of Winnipeg, has resigned to take a position with the Canadian Association of Registered Nurses, and Miss Mackenzie has been appointed Acting Director.

The cities of St. Boniface, Portage la Prairie, and Brandon have followed Winnipeg's lead in providing free treatment for persons suffering from tuberculosis. This service makes it much easier for the sanatoria to keep such patients in hospital as long as they require treatment as there will be no thought in the individual's mind that the cost of his treatment will be an account which he will have to make arrangements to pay.

A new Health Unit has been established in the Dauphin district through funds made available by the district, the Province, and the Rockefeller Foundation. It is to be used as a demonstration rural unit and will be available also for in-service training of Public Health personnel.

The Provincial Department during the year has added a Nutritionist to its services, and has passed legislation setting up the Manitoba Hospital Council. Provision has been made under the Tuberculosis Control Act for the setting up of a Tuberculosis Control Commission.

The minimum standard of Public Health services for rural municipalities has now been in operation for almost two years, and a total of forty-five municipalities have established, or are establishing, it as a regular practice. It would seem that this is filling a real need in rural Manitoba and it assures that the local Health Officer at least receives something for the services which he renders.

There has been no major epidemic of the severe communicable diseases, although we have had more cases and deaths from diphtheria in the Province than there is any necessity for. The only solution to this, of course, is a more widespread immunization with diphtheria toxoid. One rather severe epidemic of typhoid fever took place in unorganized territory this spring, but fortunately, although the disease was fairly widespread in one particular community the deaths were few.

Your Committee cannot complete its report without making special mention of the late Doctor Clingan. As the Association knows, he was the founder of the Manitoba Health Officers' Association, and was its president since its inception. It is not necessary to go into the many admirable qualifications of the late Docor Clingan. One would like to express, however, the opinion that he was one of the outstanding practitioners of this Province and had a particularly broad outlook on the whole problem of preventive medicine and health preservation. He was a medical practitioner who had as his sole objective the rendering of service, and in this connection, in the opinion of your Committee, he has made an outstanding contribution to the Province, and to the community in which he lived.

All of which is respectfully submitted.

F. W. Jackson,
Chairman.

Report of Committee on Economics

To the President and Executive of
The Manitoba Medical Association:

All over the English-speaking world social security ranks second only to the war as a subject for discussion, and in all security plans, health and measures for the prevention or cure of illness occupy a very important place, and concern us very much indeed. In England we have the Beveridge Plan, and the White Paper recently published is going to have a profound influence on future medical practice there. The Wagner bill in the States seems to have alarmed both the public and the medical profession.

We in Canada have the National Health Insurance Plan, which appears to have given place to the bonus for children. The cost of the two would be about the same; in the former the beneficiary is obliged to contribute, whereas in the latter distribution is made from funds provided by the taxpayer alone. One may be allowed to wonder if the imminence of a federal election was responsible for the change.

The Manitoba Medical Service is already being sold to the public and is likely to be in full operation next month. It will serve several purposes. First, to demonstrate administrative and other difficulties which would be increased many times in a national plan; secondly, to show, if possible, to the Government of the day that the medical profession is capable of providing a medical service to those 150,000 inhabitants of Manitoba who can afford to have hospitalization as and when they need it; thirdly, to prevent, if possible, our duties and relationships to our patients being governed and controlled by a civil service.

At a meeting of the Executive Committee in February and with the consent of the members of the Committee on Economics I tendered our resignations. The Committee has served the Association for ten years with very little change in membership. We are of the opinion that there is a very real need for such a committee but that the form in which it was constituted should not be perpetuated. Further, there will be so much work to be done over the next few years that younger men should take the place of those of us who have served so long. I would recommend that that resignation be accepted.

Respectfully submitted.

E. S. Moorhead,
Chairman.

Report of Medical Education Committee

To the President and Executive of
The Manitoba Medical Association:

As Chairman of the Medical Education Committee of the Manitoba Medical Association I beg to report that no matters for consideration were referred to the Committee during the year.

The limitation and selection of students entering Medicine received a very considerable amount of publicity during the last session of the Legislature and the matter became the subject of investigation by the University Board of Governors at the request of the Legislative Committee on Education. In this investigation which was carried out with great care, charges of unfair discrimination were not substantiated and the demand for unlimited registration was not acceded to.

As long ago as 1924 this Association requested both limitation and selection of students entering Medicine be effected. Not until 1932 was it possible to really make any progress toward this end. Between 1932 and 1944 a Committee appointed by the University carried on the difficult task of selection with what they believed to be fairness and justice to the Profession, the University and the Community. That their efforts have never been without fault the members of the Committee would not claim; that their motives were at fault would certainly be vigorously denied. The charge of unfair racial discrimination is not borne out by the facts, unless mere facility in attaining high examination marks is to be the sole criterion of judgment. The Committee, keeping in mind the Profession, the University and the Community, has not felt bound by any such criterion.

The Board of Governors having terminated its investigation and formulated its conclusions, made some changes in the regulations regarding selection and reconstituted the Committee. Limitation is necessary and this entails selection. This will continue to be made fairly and justly.

The rehabilitation of the many hundreds of Medical men now serving in the Armed Forces is going to be a very serious problem and the members of the Association will be glad to know that steps are being taken by all medical schools in Canada to meet the situation in the best possible manner. The Canadian Procurement and Assignment Board is accumulating very valuable information as to the desires of the men who, on their return, will be seeking post graduate instruction and experience. This information will be made available to the medical schools.

The President, Manitoba Medical Association. September 1, 1944

The Medical Faculty of the University of Manitoba intends to render all possible assistance in these plans and it would appear now that in general three types of course will have to be planned:

(1) Of a general "refresher" character for those contemplating general practice—to be of six weeks to six months' duration roughly as outlined in the following schedule.
(2) Hospital courses of up to one year.
(3) Courses of possibly three years' duration for those preparing for Fellowship or certification as specialists.

This preliminary information is submitted in the belief that members of the Association would be interested.

TYPE OF BRIEF INTENSIVE COURSE FOR THOSE CONTEMPLATING GENERAL PRACTICE

TIME—6 - 8 weeks probably maximum that is practical.
6 hours for 5 days per week — 3 hours on Saturday.

INSTRUCTION — Clinical, didactic, conferences and seminars — directed reading.

CONTENT—

Medicine:

Cardiology, 6; Respiratory, 3; Endocrinology, 3; Biochem. tests, 3; Org. Neurology, 3; Blood, 3; Liver, 3; Geriatrics, 3; Unassigned, 3 — 30 hours.

Surgery:

General, 12; Orthopedic, 6 - 8; G.U., 3 - 5; Neurosurgery, 3; Burns and shock, 2 - 3 — 30 hours.

OBSTETRICS AND GYNAECOLOGY—

Gynaecology:

Physiology of female endocrine glands in as far as they affect the menstrual cycle, fertility, marital stauts and emotional stability.
Deviation from normal and endocrine therapy.
Management of abortions. Tubal pregnancies.
Management and treatment of uterine displacements and birth injuries
Infections of the genital tract, specific and puerperal.
New growths of (a) cervix; (b) corpus; (c) ovaries.
Emphasis on early diagnosis and methods in detection of malignancy.
Commoner office procedures and tests.
Relationships of gynaecology to other branches of medicine.

Obstetrics:

Diagnosis of Pregnancy.
Prenatal Care.
Diagnosis of position and presentation.
Mechanics of Labor: (a) normal; (b) abnormal.
Management of (a) breech; (b) transverse; (c) face; (d) brow.
Prolapsed cord.
Version.
Toxaemia of pregnancy: (a) hyperemesis; (b) pre-eclampsia; (c) eclampsia.
Uterine inertia: (a) primary; (b) secondary.
Contracted pelvis: (a) classification; (b) diagnosis; (c) treatment.
Haemorrhage: (a) ante-partum, avoidable, unavoidable; (b) post-partum, atonic, traumatic, primary, secondary.
Discussions: Delay in the second stage of labor. Abnormal enlargement of uterine cavity; Post-natal care, etc., etc., —45 hours.

Pediatrics:

Care and feeding of the normal infant and child from birth to 6 years.
Care and feeding of the premature infant.
Recent advances in treatment: Erythroblastosis foetalis, Pyloric stenosis, Tetany of the new born, Meningitis, Diarrhoea, Pyuria, Acute abdomen, Poliomyelitis, Rheumatic fever, Anaemia

in children, Common skin diseases of childhood, Respiratory tract allergy in children—30 hours.

Psychiatry:

Gen. review of psychoses, 6 hours.
Problems of care, 1 hour.
Psychoneuroses, 8 hours—15 hours.

Clin. Pathology:

Tests and evaluation, 9 hours.

Social and Prev. Medicine:

Immunology. School medical services. Duties of Health Officers. Rural sanitation—6 hours.

Ophthalmology:

Recognition and treatment of common eye conditions—6 hours.

Otolaryngology:

Recognition and treatment of common conditions—6 hours.

Dermatology:

Recognition and treatment of common conditions—6 hours.

Anaesthesia:

Ether, pentothal and spinal—6 hours.

Radiology:

Interpretation and techniques—6 hours.

All of which is respectfully submitted.

A. T. Mathers,
Chairman.

Report of Manitoba Medical Service

To the President and Executive of
The Manitoba Medical Association:

As Chairman of your Committee, appointed to inaugurate the local Health Insurance Scheme, I have the following to report:

One of the first things that the Committee did was to circularize the medical profession in Winnipeg to see if they would support such an organization if it came into operation. Over 95% replied in the affirmative, so we felt that we should proceed.

We have been working for almost 2½ years, and have finally arrived at the stage where we are ready to commence operation. A committee of eight of your members started out on the preliminary work and with the very able assistance of the late Mr. W. C. Hamilton, K.C., we made tentative plans and put them down on paper. After working at these plans for several months we presented the results of our studies to the Medical Association.

After a great deal of discussion it was obvious that there were many unsuitable features in the plans, and with the help of eight new members the whole subject was revised to meet practically all of the objections that had been raised.

The original intention was to inaugurate a Medical Health Service plan for the City of Winnipeg and adjoining municipalities. Further than this, the first year it was to be restricted to those groups of individuals who already held contracts with the Manitoba Hospital Service Association. The main reason for restricting it to the City of Winnipeg was that we were very inexperienced in operating such a plan, and since it was on an experimental basis as far as the profession was concerned, we thought it should be large enough to be actuarily sound, but small enough that it could be readily handled.

The purpose in setting up such an organization was solely to meet the public requests for Health Insurance to supplement their contracts for Hospital Insurance, and to enable them to meet their medical expenses on an insurance basis.

The financial basis of the plan was set up by the Committee on Economics of the Manitoba Medical Association, and your Health Insurance Committee accepted their recommendations.

The rules and regulations regarding professional activities under this plan as laid out by your Committee outlined as closely as possible present medical practice. Your Committee has attempted to interfere as little as possible with present professional practice, but simply to act as an intermediary between the patient and the doctor in their financial relationship.

The various medical associations have agreed to underwrite us to the extent of $6,500.00 — ($5,000.00 from the College of Physicians and Surgeons, $1,000.00 from the Manitoba Medical Association, and $500.00 from the Winnipeg Medical Association). We have also obtained personal notes from practically all the practicing physicians to the amount of $100.00 each. These are in our keeping and we hope that we will not have to use them. We have received no contributions from any other source.

As soon as we were reasonably clear on its contents, a private bill incorporating the Manitoba Medical Service Association was presented to the Manitoba Legislature and was passed. This bill incorporating the Association makes provision for a committee of from fifteen to thirty — two-thirds of which shall be members in good standing of the Manitoba Medical Association. At the present time there are 21 members — 14 of them members of this association, and 7 laymen. Many of these laymen have given a lot of their time and talent to us during the organization, and we are greatly indebted to them.

Some delay was thought advisable when the Federal House plan was being brought up for discussion in Ottawa in January, 1943. However, several months later when it seemed that there was no immediate prospect of such a measure being implemented we proceeded with our organization.

Schedule of Fees:

We have received, at various times, schedules of fees from different specialist sections of the profession; but these schedules had no official backing from any medical organization, and are on file.

Recently we received an official schedule of fees from the Manitoba Medical Association covering most of the work done by general practitioners, and we have accepted this as the basis of our operation. We have agreed to pay the specialists 25% extra. Each medical member is asked to decide for himself whether he shall be classified as a general practitioner or a specialist.

We are presenting two contracts to the public:

1. For complete medical service, leaving out only the statutory exemptions, such as mental disease, tuberculosis, etc.
2. For partial care, which is to include medical services rendered in a Hospital ONLY.

The Cost for the Complete Plan is:

$1.50 per mo. per individual.
$3.50 per mo. per family.
$2.00 per mo. for sponsored and military subscribers.

The Cost for the Partial Hospital Plan is:

$ .60 per mo. per individual.
$1.75 per mo. per family.
$1.15 per mo. for sponsored and military subscribers.

We have appointed Dr. E. S. Moorhead as Medical Director. He has spent a great deal of time and thought on this subject, and has agreed to spend whatever time is necessary and accept no remuneration until the plan is in operation and money is being received from the contracts. This is a very generous gesture, and we appreciate it accordingly.

We have made arrangements with the Manitoba Hospital Service Association to do all our selling, collecting, bookkeeping, and publicity. We have an office of our own within their suite, and a full-time secretary.

Up to the present we have 201 doctors who have signed contracts, and we expect to have almost all the practicing doctors in the area eventually joined.

I would like to express my appreciation of the large amount of time and thought and effort that has been put into the work of the Committee by its various members. There has been almost 100% attendance and without their hearty co-operation it would have been impossible to bring this up to its present status.

I would also like to mention that we received many useful suggestions and recommendations from other members of the profession which are fully appreciated. Any criticism that they made was always well-founded and saved us considerable difficulty.

Unfortunately, in the middle of the work, our valued legal adviser, Mr. W. C. Hamilton, died suddenly. Mr. E. K. Williams, K.C., has taken over his duties, and has provided very valuable advice and skillful guidance in the changing of many of the by-laws. These are now all complete and up-to-date and a complete copy of them is being forwarded to your association. A copy of our Annual Financial Statement will also be forwarded, but to date we have spent a little less than $700.00 for Mr. Hamilton's legal fee — and the Manitoba Medical Association has paid for some of our clerical work. Altogether we have spent less than $1,000.00. We have not received Mr. Williams' bill.

We expect that we will be in operation on the first of October, and at the moment it looks as if the complete plan would sell much better than we had originally anticipated.

All of which is respectfully submitted.

M. R. MacCharles,
Chairman.

Report of Membership Committee

To the President and Executive of
The Manitoba Medical Association:

Up to the 31st of August, 1943, the Canadian Medical Association and its Manitoba Division had 384 paid-up members, representing an increase over last year which, while gratifying, comes far from attaining our objective of 100%. An analysis of membership shows that in the City 253 of a total 284 registered with the College of Physicians and Surgeons have paid their dues; in the Country 131 of a total of 157 registered with the College of Physicians and Surgeons are active members.

During the year 22 members who paid in 1943 were lost to us. Of these 11 have joined the active forces, 5 have removed from the Province and 6 are deceased. Forty-eight new members have been added during the year, of whom 9 are old members who have returned from active service to civilian practice. This represents a paid-up membership of 87.5% of all those who are registered with the College of Physicians and Surgeons. Of the unpaid registered physicians, at least 50% are not likely ever to become active members of the Association, some because of age and some because of continued refusal to join over many years. We, therefore, feel that our paid-up membership is about 94% of the maximum total membership obtainable in the Province.

To all those members of the Association who assisted in attaining this membership we express our sincere thanks.

All of which is respectfully submitted.

W. G. Beaton,
Chairman.

Report of Workmen's Compensation Board Committee

To the President and Executive of
The Manitoba Medical Association:

I regret to report that, owing to almost continuous absence of one or more members of our committee, it has been impossible to get same together. Also, the illness of the Commissioner has postponed any prospect of a meeting with them for some time.

Respectfully submitted.

J. A. Gunn,
Chairman.

Cancer Relief and Research Institute

To the President and Executive of
The Manitoba Medical Association:

In view of the fact that I have not received any notification of any meeting of the Cancer Relief and Research Institute governing body during the past year, I have nothing to report upon their activities or policies.

Respectfully submitted.

J. D. McQueen,
Chairman.

Editorial Board of C.M.A. Journal

To the President and Executive of
The Manitoba Medical Association:

Your Manitoba Representative on the Editorial Board of the Canadian Medical Association Journal begs to report as follows:

1. The following Manitoba physicians have contributed scientific papers to the Journal: J. D. Adamson, Sara Dubo, A. M. Dovidson, A. R. Birt, F. W. Jackson, E. L. Ross, W. A. Bigelow, C. W. Clark, A. P. Guttman, G. E. Musgrove, D. Swartz, D. F. McRae. Charles F. Code, as a brilliant Manitoba graduate, and because his address was originally delivered in Winnipeg, may also be included.

2. Manitoba News items were contributed monthly and have appeared in each number of the Journal.

3. Obituary notices of Manitoba physicians have been sent to the editor and have been published as soon as possible.

4. Your representative has reviewed several books, and contributed an editorial on Health Insurance and Medical Education.

5. With the hoped-for approach of peace it is suggested that the Manitoba Division of the Canadian Medical Association should do all in its power to facilitate the task of one of its members, Athol R. Gordon, who has recently been appointed official historian of the Royal Canadian Army Medical Corps, and to preserve the records of its many members who have served overseas with distinction.

Respectfully submitted.

Ross Mitchell,
Representative, C.M.A. Journal.

Report of Divisional Advisory Committee, Manitoba, Canadian Medical Procurement and Assignment Board

To the President and Executive of
The Manitoba Medical Association:

The activities of this Committee have been greatly reduced during the past year. As far as the civilian practitioner available for military service is concerned, the bottom of the barrel has been reached. All medical students now are taken directly into the Army on graduation and there are none left to fill the badly depleted civilian ranks. Our greatest difficulty at the present time is to find medical practitioners to fill in in civilian emergencies.

During the survey made by the Board it became evident that some sections of Canada, particularly rural areas in Western Canada, are badly in need of doctors. By order of the War Committee of the Cabinet, the Central Board has been authorized to provide doctors to these areas, the arrangements to be completed between the Board and the Provincial authorities. Negotiaions in this Province have been completed and two recommendations have been made. One has already been completed and the other is pending.

There was an excellent report of the activities of the Board in the transactions of the 75th Annual Meeting of the Canadian Medical Association, which all interested should read.

All of which is respectfully submitted.

F. G. McGuinness,
Chairman.

Report of Committee on Ethics and Credentials

To the President and Executive of
The Manitoba Medical Association:

No problems having been submitted to this Committee during the past year, there is nothing to report.

Respectfully submitted.

A. F. Menzies,
Chairman.

Report of Editorial Committee

To the President and Executive of
The Manitoba Medical Association:

Since my assumption of the Chairmanship of this Committee 10 numbers of the Review have been published. Since January a reprint edition has been prepared and sent overseas. It is gratifying to see the Review quoted quite widely and I would urge that our articles be copyrighted for, as it is now, we have no control over reprinting or even piracy.

I am grateful to the 31 ladies and gentlemen who have contributed the articles published. I am indebted to Dr. Aikenhead, not only for his very useful "Association Page" but also for his work as reporter of the Winnipeg General Luncheons. To Dr. A. L. Shubin I owe a similar debt for his reporting the meetings at Victoria and St. Joseph's Hospitals. Naturally, Dr. Ross Mitchell has been most helpful. A great deal of credit is due to Mr. Whitley, the business manager, whose monthly labors—preparing a "dummy" and "putting it to bed"—are much more arduous than that phase would suggest. The printers are greatly responsible for the appearance of the Review and indeed take pride in their responsibility. Nor let us forget the fact that were it not for the advertisers, who foot the bill, there would be no Review. Finally, not only thanks but also apologies are due to Miss Helen Brown whose tasks include the not easy one of typing my manuscripts.

Respectfully submitted.

J. C. Hossack,
Chairman.

Report of Extra Mural Committee

To the President and Executive of
The Manitoba Medical Association:

The activities of the post-graduate committee have not been as active during the past year as we would have liked them to be. We plan, however, to extend our activities as soon as the war is over and the demands on the civilian practitioners are less acute.

Your committee has made every endeavor to fulfill any requests made from the District Medical Societies for speakers and, of course, will continue to do so. During the past year the following requests have been fulfilled and we hope to the complete satisfaction of the District Medical Societies concerned:

Brandon and District Medical Society, Oct. 21, 1943.
Speaker: Dr. W. G. Brock, "Common Skin Diseases."

Portage la Prairie Central District Medical Society, Oct., 1943.
Speakers: Dr. E. S. James, "Conservative Treatment of Acute Osteomyelitis"; Dr. F. G. Allison, "Recent Advances in Cardiology".

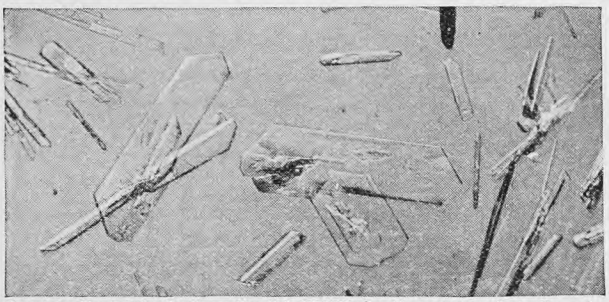
Northern District Medical Society, Dauphin, Feb. 8, 1944.
Speakers: Dr. D. C. Aikenhead, "Health Insurance"; Dr. R. O. Burrell, "The Role of Plasma Proteins in Surgery".

Brandon and District Medical Society, March 15, 1944.
Speaker: Dr. D. C. Aikenhead, "Health Insurance".

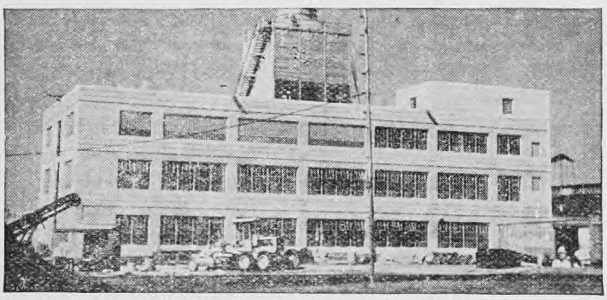
All of which is respectfully submitted.

C. W. Burns,
Chairman.

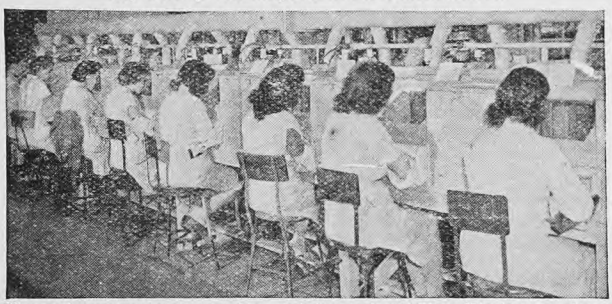
Mycelia and spores of *Penicillium notatum*. Growing in a liquid culture medium, this mold produces penicillin which later is extracted and purified.



Crystals Penicillin Sodium Squibb X100. In the course of studies concerned with the chemical structure of penicillin Dr. H. B. MacPhillamy and Dr. Oskar Wintersteiner were first, July 1943, to accomplish crystallization of penicillin sodium; activity about 1,600 Oxford units per milligram.



New Squibb Penicillin Building, now in operation. Built without government subsidy, it is designed and equipped for the most efficient production and control of penicillin. Instead of a few pounds, now over a ton of mold is grown each day. Its productive capacity is not exceeded by any other penicillin plant in the United States.



Unusual care maintains purity, activity and stability. Workers package Penicillin Squibb in air-conditioned rooms sterilized with ultra violet light. For over two years Squibb has produced penicillin for the National Research Council and the Armed Forces.

SQUIBB HAD *Penicillin* READY

WHEN the War Production Board's Office of Civilian Penicillin Distribution recently announced the limited allocation of penicillin for civilian use and the plan for its distribution, the Squibb Laboratories were ready with a substantial supply after having first met the requirements of the Armed Forces, Lend Lease and the Office of Scientific Research and Development.

The Squibb Laboratories have been actively engaged in the development and production of penicillin ever since the first culture was received from England in the autumn of 1940. Remarkable changes have occurred in the method of manufacture. Huge tanks have replaced bottles for growing the mold; production time is less than three days instead of two weeks.

It is hoped that the day is not too distant when penicillin production will be sufficient to eliminate the need for allocation. We want physicians to know that Squibb is doing everything possible to hasten the coming of that day.

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Editorial

Annual Meeting of the Manitoba Division, Canadian Medical Association

Despite many handicaps, the scarcity of doctors, the difficulty in obtaining gasoline and the pressure of work, the annual meeting of the Manitoba Division of the Canadian Medical Association, September 12 to 15, was the largest in its history. The attendance was 467, which includes visitors from Ontario, Quebec, Saskatchewan, Alberta, the United States, and Port of Spain, Trinidad. The commercial exhibits were the largest and most varied of any medical meeting in this province.

The visiting speakers were Dr. Harris McPhedran, Toronto, President of the Canadian Medical Association; Dr. William Magner, pathologist of St. Michael's Hospital, Toronto; Dr. Albert Ross, Montreal, and Dr. G. H. Stevenson, Superintendent of the Ontario Mental Hospital, London, Ont.

Dr. D. C. Aikenhead, President of the Manitoba Division, entertained the executive committee and the visitors at dinner in the Fort Garry Hotel on the evening of Sept. 12. Two representatives of labor were present. Mayor Garnet Coulter and Hon. Ivan Schultz, Minister of Health and Public Service, welcomed those present.

A feature of the convention was the public meeting in Grace Church on Sept. 13. Dr. Aikenhead presided, and the speakers were Dr. McPhedran, whose subject was "The Place of the Medical Man in a National Health Insurance Scheme." He urged all Canadian citizens to co-operate with the medical profession, so that together we may go hand in hand in fashioning something that will give us, as a free people and free practitioners, the best medical services in the world.

Dr. Magner, speaking on cancer, said that the chances of healing cancer patients were good if the patient were treated while the growth was small and strictly localized. Early diagnosis and skilled treatment, he said, called for the services of highly trained specialists and the removal of the economic barrier, which too often existed, was of urgent importance.

Speaking at a luncheon meeting on Sept. 14, Dr. Stevenson outlined a series of mental health principles which should be preventatives of mental disorder in the normal life of a normal person.

Dr. Albert Ross discussed "Acute Diverticulitis of the Sigmoid" at a meeting on the morning of Sept. 14.

At a luncheon meeting, Sept. 15, Dr. J. R. Davidson, Winnipeg, gave his views on the origin and treatment of cancer. He suggested that future research into the nature of cancer should start with the study of endocrine glands of cancer patients.

Lieut.-Col. C. H. A. Walton, Winnipeg, who has recently returned from four years' service overseas, spoke of medical experiences in England and elsewhere.

The business meeting showed the Division to be in a healthy state, with 384 paid-up members, which represents about 94 per cent of the maximum total membership obtainable in the province. It was announced that Manitoba Medical Service, a voluntary health insurance scheme under the Manitoba Division, was expected to be in operation on the first of October. Refresher courses for medical graduates who had been taken into war services immediately after graduation and had never engaged in civilian practice, are being planned by the Medical Education Committee.

Officers were elected as follows: President, Dr. Stuart Schultz, Supt. of Brandon Mental Hospital; First Vice-President, Dr. P. H. McNulty, Winnipeg; Second Vice-President, Dr. J. R. Martin, Neepawa; Honorary Secretary, Dr. D. L. Scott; Hon. Treasurer, Dr. A. M. Goodwin; Members-at-Large of the Executive: Dr. J. M. Mathieson, Brandon, and Dr. Hugh L. Cameron, Winnipeg.

The annual golf tournament was held on the afternoon of Sept. 15, at St. Charles Country Club.

R.B.M.

♦

X-Ray Benefits Under the M.H.S.A.

Some doctors appear to believe that benefits under the Manitoba Hospital Service Association cover X-ray examination at a clinic or in a consultant's office.

The terms and conditions applicable to subscribers' contracts (M.H.S.A.) point out explicitly that X-ray emergencies and fracture service up to the value of $25.00 and 25 per cent discount on any additional X-ray emergencies or fracture service will be covered while the subscriber is **a bed patient in a hospital.**

It is also stated in the contract that hospital service does not include **out-patient service,** which is defined to mean service rendered to anyone who is not regularly admitted to hospital **as a bed patient.**

Attention to this point by doctors referring patient to clinics or consultants will obviate misunderstandings and loss of time.

♦

Anti-Freeze Notice

Doctors may now obtain Ethylene Glycol Anti-Freeze by applying to their local gasoline station and completing the necessary order.

W. G. CAMPBELL,
Registrar C. P. & S.

Personal Notes and Social News

Lieut.-Col. Cecil Edwin Corrigan, R.C.A.M.C., in command of a field dressing station, which was part of a Canadian surgical centre near Ceprano, Italy, has been awarded the Distinguished Service Order for his work in caring for the wounded close to the front line.

♦

Dr. and Mrs. W. A. Cooper's son, Lieut. Arthur E. Cooper, of the R.C.E.M.E., was married in Toronto, Ont., September 16th, 1944, to Margaret Agnes Know, daughter of Rev. and Mrs. I. W. J. Kilpatrick of Strathroy, Ont.

♦

Dr. J. A. Porter is leaving Winnipeg to reside in Vancouver, B.C., where he has accepted a position with the British Columbia Compensation Board.

♦

Dr. and Mrs. G. F. Stephens, Montreal, formerly of Winnipeg, announce the engagement of their youngest daughter, Jean Findlay, to Lieut John A. Patterson, R.C.N.V.R., son of Mr. and Mrs. J. A. Patterson of Winnipeg. The wedding to take place the end of September.

♦

In a recent examination conducted by the Medical Council of Canada at Montreal, the following Manitoba doctors were successful: Drs. E. Avery, Maurice Bourgouine, Stephen Doulak and Elizabeth Lautch.

♦

Lieut. E. H. Dobbs, R.C.A.M.C., only son of Mrs. Dobbs of Winnipeg and the Late Dr. E. R. Dobbs of Morse, Sask., was married to Kathleen Susan, second daughter of Mr. and Mrs. M. B. Ellerington of Vancouver, on August 26th, 1944.

♦

Lieut. Wallace Arnold McAlpine, R.C.A.M.C., son of Mr. and Mrs. Frederick McAlpine of Winnipeg, was married to Kathleen Shirley, daughter of Mr. and Mrs. J. F. Cruikshank, on September 26th, 1944, at St. Andrew's United Church, Winnipeg.

♦

Dr. and Mrs. Roy P. Brown of Gladstone, Man., are happy to announce the birth of a daughter (Rhonda Kathryn) at the Winnipeg General Hospital on Friday, September 22nd, 1944.

♦

Captain A. C. Stephenson (R.C.A.M.C. overseas) and Mrs. Stephenson announce the birth of a daughter (Sally Janet) on September 18th, 1944, at Grace Hospital, Winnipeg.

Dr. Robert Gibson Greer, son of Mr. and Mrs. Gibson Greer, was married on Saturday, September 23rd, 1944, to Dorothy Mary, only daughter of Dr. and Mrs. R. C. E. Magee of Winnipeg. After the ceremony the couple left for a honeymoon trip to Banff and Lake Louise.

♦

Golf Tournament Scores

The Annual Golf Tournament of the Manitoba Medical Association for the M.M.A. Trophy was held on September 15th at the St. Charles Country Club. The day was perfect, the course was more perfect, the attendance was good, and the mosquitoes — terrible.

Name Address	Gross	Handicap	Net
A. H. Hall, Trinidad, B.W.I.	86	14	72
A. M. Goodwin, Winnipeg	97	23	74
V. F. Bachynski, Winnipeg	99	24	75
W. Magner, Toronto	91	15	76
B. Ramsay, Deer Lodge	84	8	76
D. Bracken, Halifax	89	12	77
H. O. McDiarmid, Brandon	93	16	77
Digby Wheeler, Niakwa	86	8	78
H. F. Cameron, Niakwa	102	24	78
Albert Ross, Montreal	98	20	78
G. A. Little, Brandon	94	16	78

Department of Health and Public Welfare

Contact Tracing Methods in Venereal Disease Control

Contact tracing begins with a known case of venereal disease. The epidemiologic investigator is at once confronted with two questions: Where did the infection come from, and to whom has the patient already passed the disease? Obviously only the patient can answer these questions.

Close to 100% of sources and contacts are located when full information as to identity is obtained, whereas only a small percentage are located when only meagre information is given and the latter entails a far greater amount of work in trying to locate. It therefore becomes obvious that every effort should be made to obtain the fullest information possible from the patient as to the identity of his contacts. The Department of Health and Public Welfare requests this information from all physicians, clinics and institutions treating venereal disease, as well as from the military services.

The name and address is the key to the investigation. If not obtained on first questioning, a second and third talk if necessary should be tried. Alibis of "being drunk", "can't remember", can usually be taken with a grain of salt.

The patient should be assured that any information which he may give regarding source or contacts will not be identified with him in any way, and that his identity will be kept a secret at all cost. The information obtained is handled in a strictly confidential manner. The Police are not supplied with any information and are not brought into the picture at all, unless to deal with an incorrigible offender, or where a charge has been made. The initial investigation with a person named as source or contact, is, wherever practicable, by personal interview.

Among family groups a maximum amount of thought and discretion is employed, with careful consideration of circumstances involved in each individual case. Investigation is done in the interest of protecting the security of the family and home. It is recognized that careless or tactless investigation can seriously disrupt a home. Every precaution is taken to avoid such a catastrophe.

All individuals to be traced are approached as "contacts" whether they are contacts or alleged sources of infection. It is often impossible to ascertain just who among several persons may be the source. A person who is accused of being responsible for the injury of another, resents the accusation even to the point of refusing to submit to a medical examination—submission being equivalent to admission of the relationship. One who has been told that there is reason to believe that she or he may have been exposed to infection is more likely to seek medical attention as a matter of self-protection. After all, the actual source of infection must have been infected previously by someone else, so that the classification of contact is proper.

Given a fresh infection, the short incubation of gonorrhoea—two days to two weeks—limits the number of persons to one or two who must be approached and examined as possible sources of infection. The long and very variable incubation period of Syphilis—10 to 90 days—usually three weeks—often makes the search a most complicated business, especially if the patient has been promiscuous.

In order to determine who should be considered as possible sources or contacts, the maximum incubation period of the disease in question, and the duration of the infection in the patient, must be taken into account.

The epidemiologic investigator must have a wide knowledge of venereal diseases. He must know that Gonorrhoea is self-limited and even without treatment lasts but a few weeks or months. On rare occasions it may last one or two years, or even more. A person is infectious as long as any germs remain. Some patients may harbor the germs and transmit the disease, although there is no clinical evidence of the infection and laboratory tests are negative. This is no less true of patients treated with the Sulfa drugs. Again the Sulfa drugs cure many cases within a few days.

As regards Syphilis, the epidemiologic investigator should know that this disease if untreated is most infectious the first six months, less infectious the second six months, becomes decreasingly infectious with each subsequent year, and after five years is usually not infectious even to the marital partner. It may, however, be transmitted from the mother to her unborn child. With rare exceptions a few treatments render syphilitic patients non-infectious, and they usually remain so if regularly and adequately treated. Not all sex contacts to infectious venereal disease patients become infected.

These facts and more have a bearing on contact tracing methods, for when one is amply armed with knowledge as to the course and vagaries of these diseases, one is in a far better position to pick up a thread and trace it to the source. A contact tracer is a detective with all thought of law enforcement left out. In public health work it is a recognized danger to stigmatize disease as a crime. Crime invariably seeks concealment. Disease should feel free to come out in the open and seek help. This is the reason why those of the armed services who contract venereal disease are no longer penalized. A contact tracer makes confidential investigations and interviews contacts with a minimum amount of embarrassment. Above all, a contact tracer is able to keep a secret. Contact tracing ceases only when the contact has presented himself for examination and a report has been received from his attending physician as to final findings; and if found to be infected, has been placed on treatment.

Most contact tracing in Manitoba is carried on by graduate nurses, who have received a vast amount of training and experience in public health measures and in all branches of venereal disease control. They have been chosen because of certain personal qualities they possess which are essential in this type of work, such as: sympathy, kindliness, tact, ability to work with patients, and a real interest in venereal disease control.

When the name and address of an alleged source or contact, living outside the Province, has been given to the Department of Health and Public Welfare, this information is referred to the Venereal Disease Control Director of the Province or State concerned, for their follow-up.

Comparisons Communicable Diseases—Manitoba

(Whites Only)

DISEASES	1944 Aug. 13 to Sept. 9	1944 July 16 to Aug. 12	1943 Aug. 15 to Sept. 11	1943 July 18 to Aug. 14	TOTALS Jan. 1 to Sept. 9,'44	TOTALS Jan. 1 to Sept. 11,'43
Anterior Poliomyelitis	33	13	6	1	51	22
Chickenpox	27	47	15	45	1604	1138
Diphtheria	9	18	15	12	132	193
Diphtheria Carriers	----	1	1	----	18	19
Dysentery—Amoebic	----	----	1	----	----	7
Dystentry—Bacillary	----	1	3	3	6	13
Erysipelas	1	1	5	2	48	51
Encephalitis	2	1	3	----	8	8
Influenza	1	2	6	6	150	380
Measles	37	79	88	155	5094	2548
Measles—German	----	1	----	4	233	168
Meningococcal Meningitis	----	----	----	4	14	27
Mumps	8	18	54	80	1442	3141
Ophthalmia Neonatorum	----	----	----	----	----	----
Pneumonia—Lobar	----	2	5	10	121	134
Puerperal Fever	----	----	----	----	4	1
Scarlet Fever	31	55	51	44	1795	1009
Septic Sore Throat	1	----	4	4	22	38
Smallpox	----	----	----	----	----	----
Tetanus	----	----	----	----	1	1
Trachoma	----	----	----	----	----	3
Tuberculosis	32	54	41	30	424	414
Typhoid Fever	1	----	3	----	13	21
Typhoid Paratyphoid	----	----	----	----	----	3
Typhoid Carriers	----	----	1	----	1	2
Undulant Fever	----	1	1	2	3	9
Whooping Cough	26	45	75	79	268	1544
Gonorrhoea	117	149	112	121	1190	1163
Syphilis	46	62	34	32	457	365
Actinomycosis	----	----	----	----	2	1
Meningitis Carriers	----	----	----	----	----	6

DISEASE	*738,000 Manitoba	*3,625,000 Ontario	*906,000 Saskatchewan	*2,972,300 Minnesota	*641,935 North Dakota
*Approximate Populations.					
Anterior Poliomyelitis	33	100	2	183	22
Chickenpox	27	81	19	----	----
Diphtheria	9	3	2	18	4
Diphtheria Carriers	----	----	----	----	----
Dysentery—Amoebic	----	----	----	11	----
Bacillary	----	----	----	1	----
Encephalitis Epidemica	2		1	3	28
Erysipelas	1	12	2	----	----
German Measles	----	16	7	----	----
Influenza	1	27	----	----	8
Malaria	----	----	----	----	----
Measles	37	151	27	12	4
Meningococcal Meningitis	----	5	1	7	3
Mumps	8	61	18	----	----
Ophthalmia Neonatorum	----	----	----	----	----
Puerperal Fever	----	----	1	----	----
Scarlet Fever	31	156	18	61	7
Septic Sore Throat	1	3	12	----	----
Smallpox	----	----	----	----	----
Trachoma	----	----	----	----	----
Tuberculosis	32	190	61	9	32
Tularemia	----	1	----	1	----
Typhoid Fever	1	2	2	1	1
Typhoid Fever Carriers	----	----	----	----	----
Typhoid Para-Typhoid	----	1	----	----	----
Undulant Fever	----	7	1	24	1
Whooping Cough	26	185	35	167	66
Gonorrhoea	117	382	----	----	26
Syphilis	46	283	----	----	17

DEATHS FROM COMMUNICABLE DISEASES

July, 1944

URBAN — Cancer 42, Tuberculosis 9, Pneumonia (other forms) 5, Pneumonia Lobar 3, Poliomyelitis 1, Syphilis 1, Septicaemia (non-puerperal) 1, Hodgkin's Disease 1, Skin Disease 1. Other deaths under 1 year 13. Other deaths over 1 year 176. Stillbirths 16. Total 269.

RURAL — Cancer 24, Pneumonia (other forms) 8, Pneumonia Lobar 4, Tuberculosis 4, Influenza 2, Diphtheria 1, Lethargic encephalitis 1, Syphilis 1. Other deaths under 1 year 22. Other deaths over 1 year 117. Stillbirths 10. Total 194.

INDIANS—Tuberculosis 8, Pneumonia (other forms) 5, Influenza 4, Pneumonia Lobar 2, Measles 1. Other deaths under 1 year 3. Other deaths over 1 year 7. Stillbirths 0. Total 30.

Anterior Poliomyelitis is more prevalent than is usual in non-epidemic years in Manitoba. By September 19th 65 cases had been reported in 1944. The majority of these cases occurred in Winnipeg and the surrounding municipalities. Many of them show some paralysis. Be on the alert as early diagnosis and rest in bed are essential for best results. The Kenny treatment is being used at the Children's Hospital.

Diphtheria is still too prevalent in Manitoba.

Dysentery—Bacillary is occurring in Manitoba at date of writing although not reported in the above tables. Fly time is apt to be dysentery time!